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APPLICANTS

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** CONTINUING DATA ***** *none/IS*

** FOREIGN APPLICATIONS ***** *none/IS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SS</i> Examiner's Signature Initials	STATE OR COUNTRY LA	SHEETS DRAWING 11	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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ADDRESS
 29166
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TITLE
 Motion compensation system and method

FILING FEE RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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